



UMAP Conference Registration 2020

“Blessed Are Those Who Believe Without Seeing” John 20:29

February 21 - 22, 2020

Lake Yale Baptist Conference Center, 39034 County Road 452 Leesburg, Florida 34788

Conference fees (includes program, housing, and meals):

	Gold Seal Accredited member	General or Individual member	Non-member
Early bird – by 12-6-19	\$170	\$205	\$220
Regular – after 12-6-19	\$190	\$220	\$240
Commuter * (no housing)	\$100	\$115	\$135

*Commuter fee includes **all** sessions plus lunch on Saturday.

Pre conference sessions:

Directors Networking	February 21, 2019 1-5pm	Free
Teachers Pre Confer	February 21 2019 3-5pm	\$25

CEU's:

Prepaid	\$25
At the conference	\$35

Friday Night Keynote Speaker: Dr. Suzanne Adinolfi

Dr. Suzanne Adinolfi has served in the field of education for over twenty-five years. Her journey has brought her into prekindergarten, elementary, and university classrooms. She is currently a Regional VPK Facilitator for Florida's Office of Early Learning. **Dr. Adinolfi** uses her passion for young children, humor, and experience to engage early childhood professionals at the state and national level.



Saturday morning Keynote: Dr. Rebecca Isbell

Dr. Isbell is a well known early childhood professional, keynote speaker, workshop leader and author of a number of books about Early Childhood. Here sessions are fun and full of cutting edge information!
www.drisbell.com



***Teachers Pre-conference Session* "Now What?" by Ericka Brown: A session for teachers of all ages. Sharing best ideas, tips & tricks for meeting the UMAP Standards. An interactive class that will get you excited to use the materials you already have... and will help you find free or nearly free resources to use in multiple ways.**



Conference Registration Form
Blessed Are those Who Believe Without Seeing
February 21-22, 2020

** Please complete form digitally, add credit card information, and email to: execdirumapfl@gmail.com (if sending registration digitally but sending a check, please note this on registration form and mail check to address below:
OR Complete form manually, attach check, and mail to: UMAP, P O Box 07506, Fort Myers, FL 33919

Name (or school name if a group): _____

Church name including city _____ Contact name: _____

Email: _____ PHONE number _____ Date: _____

***please note that confirmations will be sent to this email.**

Important Conference information:

1. **Registration must be received by January 31, 2020.** All cancellations must be in writing. * Refunds will be given, with a \$25 administrative fee deducted, if the request is made by *February 6, 2020*.
2. Confirmation emails are sent after registration is processed.
3. All rooms are double occupancy with a private bath. *Please note that there are only a limited number of single rooms available; please add an additional \$25 for the single. If we are unable to accommodate the request, we will refund your money.
4. For more information on Lake Yale, please visit: www.lybcc.com
5. By attending the entire conference (excluding the pre-conference workshops), you will receive 10 in-service credit hours or 1 CEU..
6. Please visit www.umapfl.com for additional conference information.
7. Is this your **first time** attending a UMAP conference? Please email us for information about sending your school's director *free of charge*.
8. You may be photographed at UMAP professional development sponsored events, including the UMAP Annual Conference. Photos, videos and/or film likenesses may be used for UMAP promotional purposes and will not be sold or shared.
9. Add additional pages for more attendees as needed

****Register early - Limited housing available****

Staff Information

Staff name only:	Pre-conf. (additional \$25)	Director Day out	Conf.Fee includes sessions, meals and double occupancy housing	CEUs \$25	Special dietary needs	Double room is included; add \$25 for single	Special needs	T-shirt size	Total fee
<i>Example: Jamie Doe</i>	<i>n/a</i>	<i>n/a</i>	<i>\$170</i>	<i>\$25</i>	<i>Shellfish allergy</i>	<i>\$25</i>	<i>1st floor room please</i>	<i>M</i>	<i>\$220</i>
TOTALS Fees for Page # _____			\$	\$		\$			\$

Payment type: Check Name on Check _____ Check # _____ TOTAL: _____

Credit Card**: Name on card _____ Card # _____

Expiration date _____ Security Code _____ Billing Zip Code _____ TOTAL: _____

** We will be adding a 2.75% convenience fee to your total for all credit card transactions

Staff Information

Staff name only:	Pre-conf. (additional \$25)	Director Day out	Conf.Fee includes sessions, meals and double occupancy housing	CEUs \$25	Special dietary needs	Double room is included; add \$25 for single	Special needs	T-shirt size	Total fee
<i>Example: Jamie Doe</i>	<i>n/a</i>	<i>n/a</i>	<i>\$170</i>	<i>\$25</i>	<i>Shellfish allergy</i>	<i>\$25</i>	<i>1st floor room please</i>	<i>M</i>	<i>\$220</i>
TOTALS Fees for Page # _____			\$	\$		\$			\$

Payment type: Check Name on Check _____ Check # _____ TOTAL: _____

Credit Card**: Name on card _____ Card # _____

Expiration date _____ Security Code _____ Billing Zip Code _____ TOTAL: _____

** We will be adding a 2.75% convenience fee to your total for all credit card transactions